

## Christine Whyte

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**From:** Jennifer Woods <jwoods@nlppanning.com>  
**Sent:** 10 September 2015 12:45  
**To:** Local Plan  
**Cc:** Owain Nedin; Dennis Pope  
**Subject:** Representations to Site Allocations and Development Management Policies Plan [NLP-DMS.FID245908]  
**Attachments:** 13586 Reps Form September 2015 10\_09\_2015.PDF; Annex 1 - Q6 Final.DOCX; Annex 2 - Q7 Final.DOCX

Dear Sir/Madam,

On behalf of our client Locksbridge Estates (Bushey) Ltd please find attached representations relating to the above consultation.

Please could you confirm receipt of these representations?

If you have any further queries please contact my colleagues Owain Nedin, Dennis Pope or me.

Kind Regards

Jen

**Jennifer Woods**  
**Planner**

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## Decision Time

What can we learn from the Secretary of State's decisions on housing planning appeals?

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**Site Allocations and Development Management Policies Plan  
(SADM)  
Publication Stage Representation Form**

For office use only  
Reference No:  
Date received:

**Please use this form to make Representations**

**Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015**

**By post:** Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

**By email:** local.plan@hertsmere.gov.uk

This form has three parts:

**Part A** – Personal details (only needed once).

**Part B** – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

**Part C** – What information you want the Council to provide you with about future progress of SADM (only needed once).

**Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).**

Part A	1. Personal details*	2. Agent details (if applicable)
Title		Mr
First name		Owain
Last name		Nedin
Job title (where relevant)		Senior Planner
Organisation (where relevant)	Locksbridge Estates (Bushey) Ltd.	Nathaniel Lichfield & Partners
Address		14 Regents Wharf All Saints Street London
Post Code		N1 9RL
Telephone number		020 7837 4477
Email address		onedin@nlplanning.com

\*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

**Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.**



Part B

Name or organisation: Locksbridge Estates (Bushey) Ltd.

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph [ ] Policy SADM 1 Policies Map [ ] Other part of Plan (specify) Allocation H8

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes [ ] No [ ] no comment to make [ ]
4(b) Compliant with the Duty to Co-operate Yes [ ] No [ ] no comment to make [ ]
4(c) Sound Yes [ ] No [X] no comment to make [ ]

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared [X] Please tick which box(es) apply
5(b) Justified [X]
5(c) Effective [ ]
5(d) Consistent with national policy [X]

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

SEE ANNEX 1
(continue on a separate sheet/expand box if necessary)



7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

- legally compliant or
- sound (having regard to the criteria you ticked at 5 above relating to soundness).

You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

SEE ANNEX 2

(continue on a separate sheet/expand box if necessary)

*Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. After this current publication stage, further submissions will only be able to be made at the Inspector's request, based on the matters and issues he/she identifies for Examination.*

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a 'Statement of Common Ground' with this Council?

Yes  No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination  Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

In order to present our evidence in full and challenge the Council's evidence as necessary.

(continue on a separate sheet/expand box if necessary)

*Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.*

Signature: [REDACTED] Date: 10/09/2015



**Part C**

**(Only needed once)**

**Name (Print)**



**If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.**

**If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.**

**If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.**

**If you no longer wish to receive communications from the Council on SADM please tick this box.**